

**SUSPECTED CHILD ABUSE 'FAX' REPORT**

Child Abuse Registry  
Please print or type using black ink only

Hotline Social Worker's Name

**REPORTING PARTY**

1. Name/Title: \_\_\_\_\_ Phones : (\_\_\_\_) \_\_\_\_\_ Callback Hours: \_\_\_\_\_  
(\_\_\_\_) \_\_\_\_\_ Callback Hours: \_\_\_\_\_  
Agency: \_\_\_\_\_ Address: \_\_\_\_\_

**VICTIM**

2. Name: \_\_\_\_\_ Sex: \_\_\_\_ Birthdate/Age: \_\_\_\_\_ Ethnicity (Eth): \_\_\_\_\_ Language (Lang): \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Present Location of Child: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Name of Child's School/Day Care Provider: \_\_\_\_\_ Hours of Attendance: \_\_\_\_\_

**SIBLINGS**

3.	Names	Sex	Birthdate/Age	Eth	Lang	Names	Sex	Birthdate/Age	Eth	Lang

Address of Siblings: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**PARENTS/STEP PARENTS AND OTHERS IN THE HOME**

4.	Names	Sex	Birthdate/Age	Eth	Lang	Names	Sex	Birthdate/Age	Eth	Lang

Address: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

**ALLEGED PERPETRATOR**

5. Name: \_\_\_\_\_ Sex: \_\_\_\_ Birthdate/Age: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Language: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Relationship to Victim: \_\_\_\_\_

**INCIDENT INFORMATION**

6. Date/Time of Incident: \_\_\_\_\_ City where incident occurred: \_\_\_\_\_  
Type of Abuse: ☐ Sexual ☐ Physical ☐ Neglect ☐ Emotional ☐ Other  
If Child was in Out-of-Home care at Time of Incident, Check Type of Care: ☐ Family Day Care ☐ Child Care Center  
☐ Foster Family Home ☐ Small Family Home ☐ Group Home, Institution or Residential Facility

**NARRATIVE**

7. Fully Describe the Nature and Extent of the Abuse: (Be behaviorally specific and avoid general or vague terms)

8. Are there any current injuries? If yes, describe injuries (size, location, color):

9. Does the alleged perpetrator have current access to the minor(s):

10. For Police Use Only. DR # \_\_\_\_\_  
Do you want Children and Family Services to investigate further? \_\_\_\_ Yes \_\_\_\_ No (report is for information only)

\_\_\_\_\_  
Signature of Reporting Party Date of Report

**FOR SSA USE ONLY**

CAR SSW \_\_\_\_\_ Dispo Level \_\_\_\_\_ Reason \_\_\_\_\_ Source \_\_\_\_\_ Program Dispo'd to: \_\_\_\_\_  
Assigned to \_\_\_\_\_ Info Copy to \_\_\_\_\_ Reason Refused \_\_\_\_\_ Date & Time Assigned \_\_\_\_\_

**SUSPECTED CHILD ABUSE REPORT**  
**(Required under Penal Code sections 11166 and 11168)**

I. INSTRUCTIONS

- A. **Please use 'FAX' Report Monday through Friday, 8:00 a.m. to 5:00 p.m. only.** After hours, weekends, and holidays call the Child Abuse Registry Hotline (714) 940-1000 or 1-800- 207-5564. Do not send the suspected Child Abuse Report form, SS8572, if you have faxed this form.
- B. Do not use 'FAX' Report if you have already telephoned the report to CAR. Submit the standard "Suspected Child Abuse Report," Form SS8572.
- C. The 'FAX' Report is intended to save you and CAR time. If you feel it is essential to talk to a social worker, please call the Child Abuse Registry instead of using the 'FAX' Report.
- D. Please complete every space on the 'FAX' Report. If you do not know certain requested information, write unknown.
- E. Please type or print legibly in black ink to avoid a time consuming callback.
- F. "Narrative" (Items #7, #8, #9). Complete information in this area is essential. Please comment as fully and specifically as you can regarding the physical abuse, sexual abuse, emotional abuse, neglect or other abuse you are reporting. State how and when the information in this report was received by you or your facility. Who has observed the abuse? Describe any physical injuries, including marks and bruises. How often or how long has the abuse occurred (give dates, if available). Does the alleged perpetrator continue to have access to the child? Is the child presently in danger? Include medical impressions and/or diagnosis, if available, and name of the examining physician. Do behaviors or circumstances suggest any danger to an investigating social worker?

**If additional space is needed, please continue in the appropriate Item # on another 'FAX' Report form, again identifying the victim in Item #2 to ensure the pages can be properly matched.**

II. REPORTING RESPONSIBILITIES

- No child care custodian or health practitioner reporting a suspected instance of child abuse shall be civilly or criminally liable for any report required or authorized by this article (California Penal Code Article 2.5). Any other person reporting a suspected instance of child abuse shall not incur civil or criminal liability as a result of any report authorized by this section unless it can be proved that a false report was made and the person knew or should have known that the report was false.
- Any child care custodian, health practitioner, or employee of a child protective agency (CPA) who has knowledge of or observes a child in his or her professional capacity or within the scope of his or her employment whom he or she reasonably suspects has been the victim of child abuse shall report such suspected instance of child abuse to a child protective agency immediately or as soon as practically possible by telephone and shall prepare and send a written report thereof within 36 hours of receiving the information concerning the incident. **The "FAX" Report will meet this requirement.**
- Any child care custodian, health practitioner, or employee of a child protective agency who has knowledge of or who reasonably suspects that mental suffering has been inflicted on a child or its emotional well-being is endangered in any other way, may report such suspected instance of child abuse to a child protective agency. Infliction of willful and unjustifiable mental suffering must be reported.

III. DEFINITIONS

- "Child care custodian" means a teacher, administrative officer, supervisor of child welfare and attendance, or certificated pupil personnel employee of any public or private school; an administrator of a public or private day camp; a licensee, an administrator, or an employee of a community care facility licensed to care for children; headstart teacher, a licensing worker or licensing evaluator, public assistance worker; an employee of a child care institution including, but not limited to foster parents, group home personnel and personnel or residential care facilities; a social worker or a probation officer or any person who is an administrator or presenter of, or a counselor in, a child abuse presentation program in any public or private school.
- "Health practitioner" means a physician and surgeon, psychiatrist, psychologist, dentist, resident, intern, podiatrist, chiropractor, licensed nurse, dental hygienist, marriage, family, and child counselor, or any other person who is currently licensed under Division 2 (commencing with Section 500) of the Business and Professions Code, any emergency medical technician I or II, a paramedic, a person certified pursuant to Section 2913 of the Business and Professions Code, a marriage, family and child counselor trainee, as defined in subdivision (c) of Section 49803 of the Business and Professions Code, an unlicensed marriage, family and child counselor intern registered under Section 4980.44 of the Business and Professions code, a state or county public health employee who treats a minor for venereal disease or any other condition, a coroner, or a religious practitioner who diagnoses, examines, or treats children.
- "Child protective agency" (CPA) means a police or sheriff's department, a county probation department, or a county welfare department.